

To: Vermont Healthcare Providers
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2013-14 Influenza Season pH1N1-Associated Illnesses

. Please circulate widely .

From November through December 2013, the Centers for Disease Control & Prevention (CDC) has received a number of reports of severe respiratory illness among young and middle-aged adults, many of whom were infected with influenza A (H1N1) pdm09 (pH1N1) virus. Multiple pH1N1-associated hospitalizations, including many requiring intensive care unit admission, and some fatalities have been reported.

The pH1N1 virus that emerged in 2009 caused more illness in children and young adults, compared to older adults, although severe illness was seen in all age groups. While it is not possible to predict which influenza viruses will predominate during the 2013-14 influenza season, pH1N1 has been the predominant circulating virus so far. If pH1N1 virus continues to circulate widely, illness that disproportionately affects young and middle-aged adults may occur.

Influenza activity has been increasing across the U.S., and that trend will likely continue during the next few weeks. Influenza A (pH1N1) and influenza B have both been confirmed in Vermont this season.

Actions Requested:

- Encourage all patients 6 months and older who have not yet received an influenza vaccine this season to be vaccinated against influenza. There are several flu vaccine options for the 2013-2014 flu season, and all available vaccine formulations contain a pH1N1 component. CDC does not recommend one flu vaccine formulation over another. For more information:
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6207a1.htm?s_cid=rr6207a1_w#Tab1
- Encourage anyone with influenza-like illness who is at high risk for influenza complications (see list below) to seek care promptly to determine if treatment with influenza antiviral medications is warranted.

Summary of CDC Recommendations for Influenza Antiviral Medications for the 2013-2014 Influenza Season

- CDC guidelines for influenza antiviral use during the 2013-14 season are the same as during prior seasons. Clinical benefit is greatest when antiviral treatment is administered early. When indicated, antiviral treatment should be started as soon as possible after illness onset, ideally within 48 hours of symptom onset.

However, antiviral treatment might still be beneficial in patients with severe, complicated or progressive illness, and in hospitalized patients and in some outpatients when started after 48 hours of illness onset.

- Antiviral treatment is recommended as early as possible for any patient with confirmed or suspected influenza who:
 - is hospitalized
 - has severe, complicated or progressive illness . or .
 - is at higher risk for influenza complications, including:
 - children younger than 2 years
 - adults 65 years and older
 - people with chronic pulmonary (including asthma), cardiovascular (except hypertension alone), renal, hepatic, hematological (including sickle cell disease), metabolic disorders (including diabetes mellitus), or neurologic and neurodevelopment conditions (including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy [seizure disorders], stroke, intellectual disability [mental retardation], moderate to severe developmental delay, muscular dystrophy, or spinal cord injury)
 - people with immunosuppression, including that caused by medications or by HIV infection
 - women who are pregnant or postpartum (within 2 weeks after delivery)
 - people younger than 19 years who are receiving long-term aspirin therapy
 - American Indians/Alaska Natives
 - people who are morbidly obese (i.e., body-mass index is equal to or greater than 40)
 - residents of nursing homes and other chronic-care facilities
- Antiviral treatment can also be considered for suspected or confirmed influenza in previously healthy, symptomatic outpatients not at high risk on the basis of clinical judgment, especially if treatment can be initiated within 48 hours of illness onset.
- Decisions about starting antiviral treatment should not wait for laboratory confirmation of influenza.
- Rapid influenza diagnostic tests (RIDTs) have limited sensitivities and predictive values. Negative results of RIDTs do not exclude influenza virus infection in patients with signs and symptoms suggestive of influenza. Therefore antiviral treatment should not be withheld from patients with suspected influenza, even if they test negative.
- While influenza vaccination is the best way to prevent influenza, a history of influenza vaccination does not rule out influenza virus infection in an ill patient with clinical signs and symptoms compatible with influenza.

For more information:

- Summary of Weekly U.S. Influenza Surveillance Report (<http://www.cdc.gov/flu/weekly/summary.htm>)
- People at High Risk of Developing Flu. Related Complications (http://www.cdc.gov/flu/about/disease/high_risk.htm)
- Clinical Signs and Symptoms of Influenza (<http://www.cdc.gov/flu/professionals/acip/clinical.htm>)
- ACIP Recommendations for the Prevention and Control of Influenza with Vaccines, United States, 2013-14: Summary for Clinicians (<http://www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm>)
- Influenza Antiviral Medications: Summary for Clinicians (<http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>)
- Guidance for Clinicians on the Use of Rapid Influenza Diagnostic Tests (http://www.cdc.gov/flu/professionals/diagnosis/clinician_guidance_ridt.htm)

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